



# 2004 Legislation

## Authored and Sponsored by

# State Representative Peggy Welch



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### Property tax deductions

### Child restraints in vehicles

### Telephone 2-1-1 dialing code services

### Stroke prevention

Dear District 60 Citizen,

The last newsletter you received from me briefly reviewed legislation that had been enacted into law by your Indiana General Assembly. This newsletter reviews legislation with which I worked directly.

As a legislator, I get to work with my colleagues on a variety of issues. Some of those issues you hear about, but most of the bills introduced are not considered newsworthy. Nonetheless, we work hard on many pieces of legislation to produce the best possible laws in a short period of time.

As I indicated in the earlier newsletter, if you want more information on the bills that we considered and those that became law, you can go to [www.in.gov/legislative](http://www.in.gov/legislative). Also, you can contact me regarding legislation, concerns with issues, or if you need an advocate with a state government agency.

The season of parades, fairs and festivals has arrived. I will be at many of these events throughout the district, and I hope to have the chance to visit with you.

It is my hope that you have a fun and safe summer!

Sincerely,

*Peggy Welch*

# New Laws from Co-Sponsored Legislation

The following Senate bills which I co-sponsored have now been signed into law by Governor Joe Kernan:

**Senate Bill 41—Home Health Care and Hospice Services Council.** This creates a 16-member Indiana Home Health Care Services and Hospice Services Council to propose the adoption of rules concerning qualifications of applicants for licenses as well as health and sanitation standards necessary to

protect the health, safety, rights and welfare of home health care and hospice patients; and to act as an advisory body for the Department of Health.

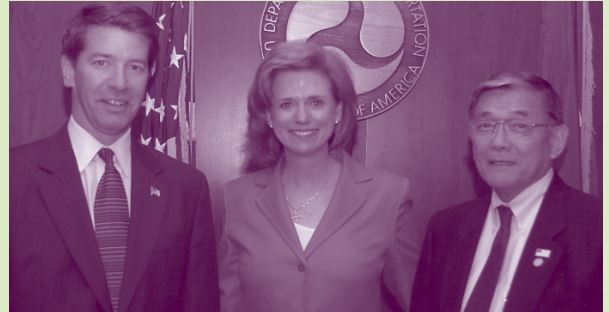
**Senate Bill 133—Psychiatric Advance Directives.** This makes for the allowance of certain individuals to execute a psychiatric advance directive (PAD). A PAD expresses an individual's preference and consent to the administration

of specified mental health treatment measures during periods of incapacity. The PAD must be executed at a time when the individual has capacity to make decisions regarding treatment. It specifies that a physician is not precluded from treating the patient in a manner that is in the best interest of the patient or another individual. The bill provides that a health care representative may act in accordance with a PAD.

**Senate Bill 188—Birth Problems Registry and Cancer Registry.** This expands the types of conditions that must be reported to the Cancer Registry to include precancerous conditions and nonmalignant tumors. It also expands the number of healthcare providers that are required to report to include outpatient surgery centers and nursing homes. The bill also extends the period of time available for the Department of Health to collect, analyze and publish the information collected the previous calendar year. In addition, birth weight and still birth are now eliminated as conditions that must be reported to the Birth Problems Registry and adds pervasive developmental disorders and fetal alcohol spectrum disorder. Birth weight and still birth are already reported through the vital records process.

**Senate Bill 449—Choice Program.** This will allow the Health Finance Commission, of which I am a member, to study the implementation of long-term care services. The Office of Family and Social Services will now be required to present a report to the Health Finance Commission.

## In Washington D.C.



While in Washington D.C., Rep. Welch met with Dr. Jeffrey W. Runge (left), Administrator of the National Highway Traffic Safety Administration, and U.S. Transportation Secretary Norman Y. Mineta (right) to discuss Indiana's success in enhancing the state's child restraint laws.

## Additional Relief for Hoosier Homeowners

Because of the General Assembly's concerns over rising property taxes due to the court-ordered reassessment, House members led an effort to begin the 2004 session ahead of time. Starting in November, legislators began discussions on additional reforms that resulted in passage of Senate Enrolled Act 1, which contains nearly **\$500 million in protection for homeowners, businesses and farms from property tax increases**. It provides additional protections from both the court-ordered reassessment and unchecked local property tax increases.

When lawmakers returned in January, I authored House Bill 1006 which called for additional increases in property tax deductions. Many of the provisions I asked for were included in Senate Bill 296—which was signed into law—and increases **property tax deductions for seniors on lower incomes, disabled veterans, the blind and disabled**, as well as those who are rehabilitating homes.

Additionally, Rep. Matt Pierce and I authored a resolution calling for a special commission of tax experts who would study and then recommend how to best restructure Indiana's tax system to make it equitable and reasonable. We were joined by many House Democrats and Republicans in support of the resolution. I regret that the leadership of the General Assembly chose to not authorize the commission for this summer and fall. I know that bringing the Indiana tax system into the 21st century is of utmost importance, and I will continue working with my colleagues to make restructuring a reality.



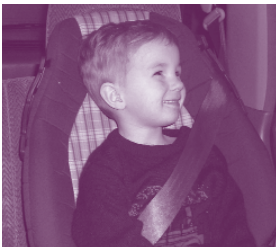
# Restraint Systems to Increase Child Safety



Rep. Welch addresses the House of Representatives prior to the final vote to pass House Bill 1098.



Reps. Welch and Linda Lawson help distribute donated booster seats.



House Bill 1098, which I authored and has been signed into law, will require anyone who operates a motor vehicle with a passenger who is less than eight years of age to place the child in a restraint system. Passengers between eight and sixteen years old will be required to wear a seat belt. The law will go into effect on July 1, 2005.

According to the National Transportation Safety Board, **highway crashes are the leading cause of death for children ages four to seven.** With this new law, children up to age eight must be in a child restraint system, unless it is reasonably determined that the child won't fit into a system. Generally, a child's buttocks should fit against the back of the seat, the knees should bend over the front of the seat, the lap portion of the belt should cross the lap (not the abdomen) and the shoulder strap should cross at the chest (not along the neck). This law is based on evidence that includes a study by the Children's Hospital of Philadelphia that shows the "use of belt-positioning booster seats lowers the risk of injury to children in crashes by 59 percent compared to the use of vehicle seat belts."

The law will also create a **Child**

**Restraints System Account** that will make grants to organizations to distribute child restraint systems such as booster seats at minimal or no charge.

If a person is found in violation of this law, a \$25 fine results which will be deposited into the Child Restraint System Fund to help purchase child restraint systems for families who need them. In cases where violations are issued for not using an appropriate child restraint system, the driver need only **show possession of an appropriate system** and all fines will be dropped. Violations of this law will not result in any points against a violator's license.

In addition to the restraints system portion of the law, **children ages eight to sixteen must use a regular seat belt at all times**, no matter where in the vehicle they are sitting. Current law does not require seat belt usage in the back seat of a vehicle, except for children. Before House Bill 1098 was passed, only children up to age 12 had to wear seat belts regardless of their location in the car. This bill extends that requirement to 13-, 14-, 15- and 16-year-olds.

I am very gratified that this important bill was signed into law and will reduce deaths and serious injuries to our children.

## 2-1-1 Gives Hoosiers Access to Human Services

2-1-1 is the national abbreviated dialing code for free access to health and human services information and referrals. House Bill 1344, which I authored, now makes 2-1-1 available in Indiana.

House Bill 1344, now Public Law 60, will:

- encourages the use of 2-1-1 for access to human services information and referrals;
- create an account for future funds (complementing a federal appropriation bill) and uses no state funds;
- encourages cost savings by requiring state agencies to work with 2-1-1 rather than creating new 10-digit information hotlines; and
- provides legal liability protections for non-profit 2-1-1 providers.

2-1-1 is an easy-to-remember and universally rec-

ognizable number that makes critical connections between individuals and families in need and community-based organizations and government agencies.

The Indiana 2-1-1 partnership currently has six centers that provide 2-1-1 free calling access to parts of 21 counties, or about 40 percent of Indiana residents. As these centers expand and other 2-1-1 centers come on-line, the availability of the 2-1-1 number will be extended across the state.



Gov. Joe Kernan signs House Bill 1344 into law.

# Jill's House

In March of this year I authored House Resolution 17 to recognize Jill's House, named for Jill Behrman of Bloomington. This resolution, also authored by Senator Vi Simpson and Representative Matt Pierce, honored Jill's House and its board of directors. Pictured below are some members of the board at the Midwest Proton Radiotherapy Institute (MPRI) where I was able to present the formal resolution, which the board has framed and is now hanging in the MPRI waiting room.



## Stroke Prevention Education Program to be Developed

House Bill 1171, which I co-authored, creates a 15-member Stroke Prevention Task Force. Because of the increasing number of strokes suffered by individuals and the increasing costs to the individual as well as the state of Indiana, this Task Force will not only save lives but will provide considerable savings to individuals and the state.

The Task Force is charged with the following tasks:

- complete a statewide comprehensive stroke needs assessment;
- develop and implement a comprehensive statewide public education program on stroke prevention;
- recommend and disseminate guidelines on the treatment of stroke patients;
- disseminate information regarding the most effective strategies for the prevention of strokes;
- advise the State Department of Health concerning grant opportunities for improvement of care to stroke patients;
- study and make recommendations on other stroke-related subjects; and
- prepare an annual report on the activities of the Stroke Prevention Task Force.

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